Authorization to Communicate Information Canada Pension Plan

It is very important that you:

use a **pen** and **print** as clearly as possible.

SECTION A - PERSON OR AUTHORITY WHO WILL RECEIVE THE INFORMATION

1. Name of Person or Authority		**2.** Area code and telephone number
3. Home Address (No., Street, Apt., R.R.)	City	
Province or Territory	Country other than Canada	Postal Code

SECTION B - ACCOUNT FROM WHICH THE INFORMATION IS TO BE COMMUNICATED

4. Contributor's Social Insurance Number

5. ◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss — Usual First Name and Initial — Last Name

6. The information to be communicated relates to

◯ the contributor named above ◯ the contributor's spouse or common-law partner ◯ the contributor's child(ren)

7. Unless I cancel this authorization in writing, I hereby authorize the Canada Pension Plan to communicate, within the restrictions stated on page 2, **on an annual basis**, the information checked below. *(please check only one option)*

◯ Option 1 - Any information requested by the person or authority named in Section A. (including benefit information, medical information, etc.)

OR

◯ Option 2 - The following information only - check the appropriate boxes

☐ a) **Type of benefit** - This identifies the benefit (i.e. Disability, Retirement, Survivor's).

☐ b) **Monthly amount of benefit payable** - This is the current monthly amount of benefit that is payable.

☐ c) **Month and year benefit commenced** - This is the first month for which there was eligibility to the benefit.

☐ d) **Month and year benefit ceased** - This is the last month for which there was eligibility to the benefit.

☐ e) **Amount of contributory salary and wages and self-employed earnings for each calendar year as shown in the records of earnings.**

One total amount of earnings is provided for each calendar year since the commencement of the Plan in January 1966, or since the calendar year in which the contributor reached the age of 18, if that occurred later. The amount for any year is the total contributory earnings which the contributor received from all employers and from self-employed earnings for that year. However, the total amount for any year does not include earnings from any one source that are in excess of the Year's Maximum Pensionable Earnings.

Service Canada delivers Human Resources and Skills Development Canada programs and services for the Government of Canada.

SECTION C - AUTHORIZATION TO COMMUNICATE THE INFORMATION

In accordance with the *Canada Pension Plan* and the regulations made thereunder, I hereby authorize the Canada Pension Plan to communicate the information checked in number 7, to the person or authority named in Section A. I have read the explanations and restrictions given on this form and I understand the nature and effect of this authorization.

I am: *(check one)* ◯ the contributor ◯ a beneficiary ◯ a representative

◯ Mr. ◯ Mrs. ◯ Ms. ◯ Miss | Usual First Name and Initial | Last Name

Home Address (No., Street, Apt., R.R.) | City

Province or Territory | Country other than Canada | Postal Code

Signature Year Month Day

X

SECTION D - DECLARATION *(To be completed by the person or authority authorized to receive this information)*

The information obtained pursuant to this request shall not be made available to any other person or body unless specific authorization is given by the contributor or beneficiary.

SIGNATURE OF PERSON OR AUTHORITY Year Month Day | Area code and telephone number

X

RESTRICTIONS

The regulations provide that the information cannot be communicated:

1. if the authorization is signed more than one year before the day on which it is received;

2. if more than one request for information concerning the same contributor or beneficiary is made in the same year and is to be communicated to the same person or authority;

3. if I cancel this authorization in writing.

Service Canada

Service Canada Offices
Canada Pension Plan

Mail your forms to:
The nearest Service Canada office listed below.
From outside of Canada: The Service Canada office in the **province where you last resided**.

Need help completing the forms?
Canada or the United States: **1-800-277-9914**
All other countries: **1-613-957-1954** (we accept collect calls)
TTY: **1-800-255-4786**
Important: Please have your social insurance number ready when you call.

NEWFOUNDLAND AND LABRADOR
Service Canada
PO Box 9430 Station A
St. John's NL A1A 2Y5
CANADA

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Service Canada
PO Box 8000 Station Central
Charlottetown PE C1A 8K1
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Service Canada
PO Box 1687 Station Central
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NEW BRUNSWICK AND QUEBEC
Service Canada
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CANADA

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For postal codes beginning with "L, M or N"
Service Canada
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Scarborough ON M1R 5C8
CANADA

ONTARIO
For postal codes beginning with "K or P"
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